24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	
	C C00484642
Check if 24-hour report	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	M M / D D / Y Y Y Y
Mailing Address 100 N 20th St	09 24 2016
Ste 201	Amount
City State Zip Code	1103.53
Philadelphia PA 19103-1454	Transaction ID : VN7GBA3ZXJ6
Timadopina	Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Patrick J. Toomey Oppose	President State: PA
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 10129383.76 2016	
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1103.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1103.53
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Debesse Lambs	
	09 26 2016
Signature	